Recertification Report - CARF Accredited Organization

Provider Name CHEYENNE REGIONAL MEDICAL CENTER-HOME CARE SVCS			Provider Number	Begin Cert Date	End Cert Date
			1568426435	2/28/2009	2/28/2010
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	3 of 3 staff (100%) files reviewed contained results of background screenings, CPR/1st Aid Certification, and met qualifications for the services being provided.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	0 of 3 staff (0%) files reviewed had documentation of participant specific training. In addition, each of the files did not contain documentation on all of the Division required trainings.	No	3/12/2009
	Progress made on prior DDD Survey recommendations	In-compliance	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-compliance	The provider's policy was reviewed and met applicable standards.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	1 of 4 staff (25%) interviewed was able to articulate functional knowledge of the Division's Notification of Incident Reporting Process.	No	3/12/2009
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	4 of 4 staff (100%) interviewed were able to articulate participant specific rights and restrictions.	No	

Date: 2/10/2009

Recertification Report - CARF Accredited Organization

Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Due	QIP
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	6 files were reviewed and per the provider documentation the plans of care were being implemented appropriately.	No		
	Releases of Information (CARF 2.B.)	In-compliance	6 of 6 files (100%) reviewed the releases were time -limited, specific to what information was being released, and to whom the information was being released. (Wyoming Medicaid Rules, Chapter 38)	No		
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	6 of 6 participant files (100%) reviewed consistently included documentation of tracking of progress made on objectives	No		
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF	Six months billing and documentation was reviewed for one service for each of the 6 participant files reviewed. The billing and documentation reviewed met applicable standards, with the exception of: Participant 1's case management documentation, where in November and December 2008 there was no time out of services.	No		
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Due	QIP
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Recommendation (Systemic)	6 participant files were reviewed, and ISCs were not using the current monthly/quarterly form. The provider's form did not include all required Division components. The provider is encouraged to review the Division's resources available on the website and attend upcoming Division training in the future.	No	3/12/2	2009
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	6 participant files were reviewed, and in each, annual and 6 month team meeting notes were present and met applicable requirements.	No		

Survey/Certification Staff Name: Yvonne Adekale, Program Integrity QMRP

Note: Providers can dispute a recommendation by submitting a certified letter to the Division within ten business days of receipt of the recertification report. The letter must include the specific recommendation being disputed, information on why the provider does not agree with the recommendation, and supporting documentation.

Date: 2/10/2009

Recertification Report - CARF Accredited Organization

	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	6 files were reviewed and contained documentation that the case manager is monitoring the implementation of the IPC which met applicable standards.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Through a review of documentation the provider is meeting the applicable standards.	No	

Survey/Certification Staff Name: Yvonne Adekale, Program Integrity QMRP

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